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# *N-FOCUS Major Release*

## *MLTC*

### *April 15, 2018*

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A Major Release of the N-FOCUS system is being implemented April 15, 2018. This document provides information explaining new functionality, enhancements and problem resolutions made effective with this release. This document is divided into four main sections:

**General Interest and Mainframe Topics:** All N-FOCUS users should read this section.

**Electronic Application:** N-FOCUS users responsible for case activity received through the Web based Electronic Application should read this section.

**Developmental Disabilities Programs:** N-FOCUS users who work directly with DD programs and those who work with the related Medicaid cases should read this section.

**Note:** This section will only appear when there are tips, enhancements or fixes specific to Development Disabilities Programs.

**Expert System:** All N-FOCUS users with responsibility for case entry for AABD, ADC Payment, SNAP, CC, FW, IL, MED, and Retro MED should read this section.

**Note:** When new functionality is added to N-FOCUS that crosses multiple topics (ie General Interest and Mainframe, Alerts, Correspondence, Expert System etc) the functionality will be described in one primary location. This location will usually be the General Interest and Mainframe section or the Expert System section. Alerts, Work Tasks and Correspondence that are part of the new functionality will be documented in both the primary location that describes the entire process and in the Alerts, Work Tasks and Correspondence sections.

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## General Interest and Mainframe

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### Master Client Index MCI – New

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Medicaid eligibility is in the process of being moved from NFOCUS to NTRAC. As part of this change, the Master Client Index (MCI) will maintain person data from both systems. The Master Client Index (MCI) data will be synchronized between NFOCUS and NTRAC to streamline the data management (search, create, update, merge and discontinue) processes between Medicaid and non-Medicaid Programs.

Having the people linked in both systems allows for the daily interface between N-FOCUS and NTRAC to pass eligibility information back and forth for an individual.

The MCI Implementation will be handled in two phases. The first phase is the integration of NFOCUS with MCI. The second phase of the MCI implementation will be the integration of NTRAC with the MCI.

### Person Search Window

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With this release, Search Discontinued Persons is now an available option from the Person Search window. Only discontinued ARPs will display.

The screenshot shows the 'N-FOCUS - Person Search' window. It features several search criteria sections separated by '- OR -' labels:

- Person**: Includes fields for SSN, SSN Last Four Digits, and a checkbox for 'Search on SSN History'.
- Person**: Includes fields for Last, First, Birth Date, City, and State. It also has a 'Sex' section with radio buttons for All, Female, and Male, and a 'Last Name Search Method' section with radio buttons for Exact Spelling, Partial Name, and Sounds Like.
- Person**: Includes a field for 'Number'.
- MMIS Cross Reference**: Includes a field for 'Number'.
- CFS Docket Number**: Includes fields for 'Court Docket Number' and 'Page Number'.

At the bottom right, there are three buttons: 'Search by Address', 'Search by Phone', and 'Search by Account'. At the bottom center, there are four buttons: 'Search', 'Clear', 'Cancel', and 'Help'. The 'Search Discontinued Persons' checkbox in the second 'Person' section is highlighted with a red box.

## Person Detail Window (Change)

The MCI icon will now be on the Person Detail window. This icon will provide a view of person data contained on the Master Client Index (MCI). The view is informational/read only.



N-FOCUS - Master Client Index Information

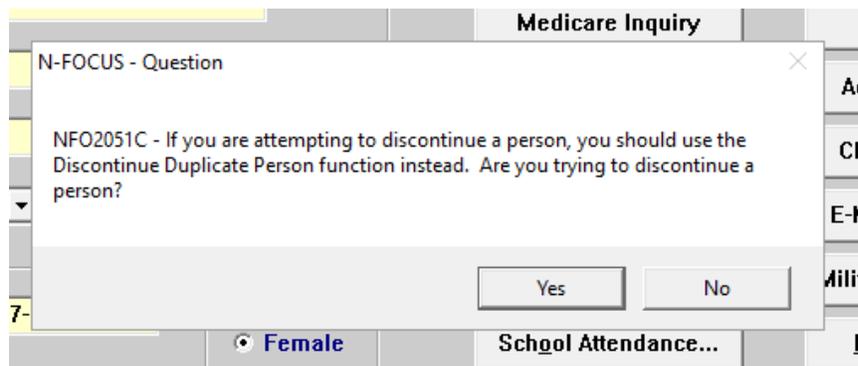
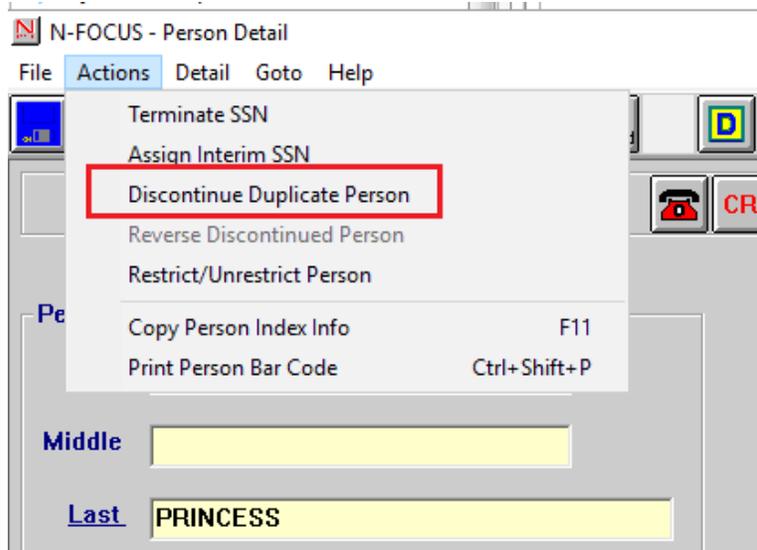
NFOCUS ID 50090	NTRAC ID	Medicaid ID	Restricted Person Indicator N
Discontinued Person Ind			
Name BROTHER GEAR IV			
SSN Last Four Digits 1152	SSN Verification VERIFIED	Interim SSN	
Date Of Birth 11-16-2003	Date Of Death	Gender M	
NFOCUS Marital Status		NTRAC Marital Status	
Notification Preference <input type="text"/>		Cell Phone	
Verified Person E-Mail			
Primary Written Language		Primary Oral Language	
Physical Address		Mailing Address	
NFOCUS 632 N BEAR COUNTRY TRL LINWOOD NE 68036		NFOCUS	
NTRAC		NTRAC	

OK

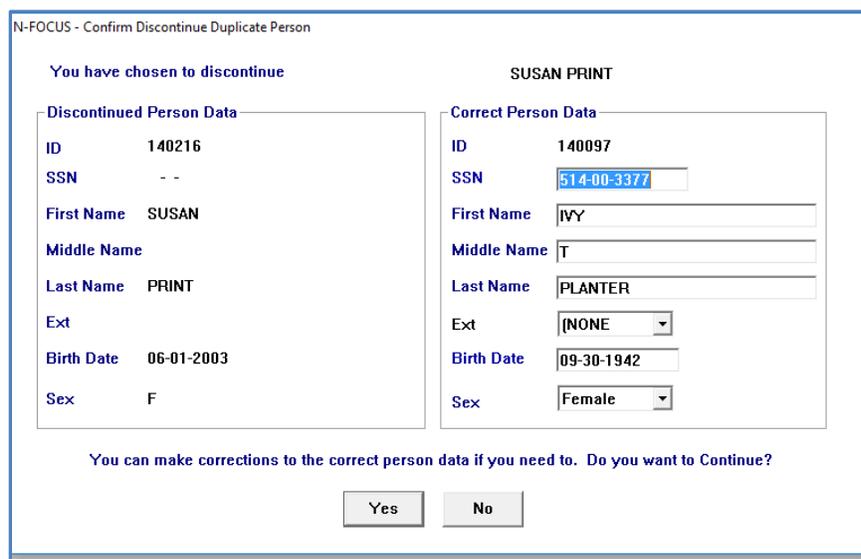
## Confirm Discontinue Duplicate Person (Change)

With this release, a new consolidation process will be available for merging duplicate ARPs. When discontinuing an ARP you will be able to update the existing ARP with the new data. You no longer have to unverify the SSN or terminate the SSN. If you attempt to use the Terminate SSN action you will receive this message.

Screen prints are on the following pages.



Answer yes and select the Discontinue Duplicate Person function on the drop down menu instead. If you really only need to terminate an SSN, because it doesn't belong to the person and there isn't a correct SSN to enter, answer No to continue.

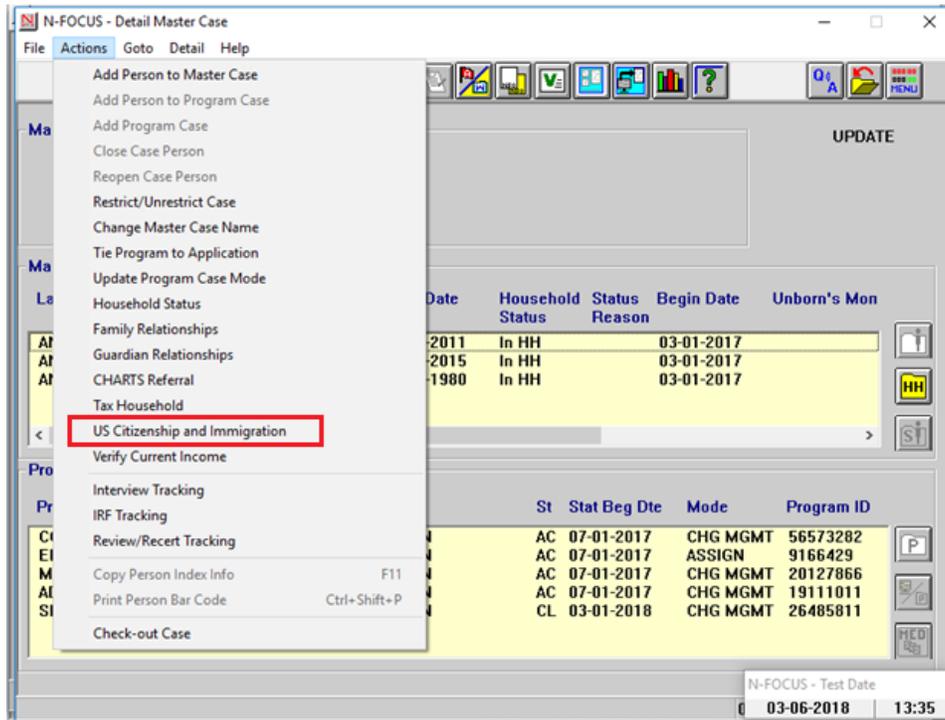


## VLP/SAVE Goes Paperless May 2018 for Medicaid Workers (Change)

The Verify Lawful Presence (VLP) system has been changed to go 'paperless' effective May, 2018. This means that the paper G845 and attachments will no longer be accepted by the Department of Homeland Security (DHS) beginning May, 2018. The VLP interface was meant to have a document upload function to go along with these changes. NFOCUS has opted not to implement this change as MLTC will be changing to NTRAC within a year. Because of this workers will use SAVE On-line for the 10% cases that are not resolved by VLP at Step 1 or Step 2.

The following instructions should be used for VLP/SAVE effective May 2018.

Continue to use the US Citizenship/Immigration window to verify citizenship and immigration status.



1. From the Detail Master Case window:
  - a. Select Actions
  - b. Select US Citizenship and Immigration
2. On the US Citizenship/Immigration window enter the data required from the client's documentation.

N-FOCUS - US Citizenship/Immigration

File Actions Goto Help

Master Case ID 4 Name ANN ANDERSON ADD

Medicaid Persons

Last Name	First Name	M	Ext	Birth Date	SSN
ANDERSON	ANN			05/06/1980	XXXXXX
ANDERSON	ABBY			03/01/2011	XXXXXX
ANDERSON	ADAM			02/02/2015	XXXXXX

Attested US Citizen  
 Documented Non-Citizen  
 Undocumented Non-Citizen

Determine As Of Date 03-06-2018

Document Details

Document Type I-94 (Arrival/Departure Record)

Document Expire Date 12-12-2020

I-94 Number 06546546841 SEVIS ID

Response Status No Previous ACA Save Requests Exist

Submit to DHS/SAVE Interface    Submit for Verification    SAVE Request History

03-N-FOCUS - Test Date  
03-06-2018 13:37

3. Ninety % of these requests at Step 1 verification of citizen/immigration status should receive a response within seconds.
  - a. These responses should indicate the if the client's Lawful Presence is verified, if a Qualified Non-Citizen, if the Five Year Bar is applicable, if the Five Year Bar is met or is a US Citizen.
  - b. If at least one of those is present, VLP should close these requests.

N-FOCUS -Verify Lawful Presence Request/Response

File GoTo Help

Case Person  
 Name [REDACTED] SSN [REDACTED] SEX MALE Birth Date 04-26-1951

Request Information

Created On	Determine As of	Document Type	Alien Nbr	I-94 Nbr
02/27/2018 09:45:24		REQUEST CLOSED		
02/27/2018 09:42:22	01/01/2018	I-766 [Employment Authorization Card]	024459489	
02/27/2018 09:37:13		REQUEST CLOSED		

Response Information

Lawful Presence Verified	YES
Qualified Non Citizen	NO
Five Year Bar Applicable	N/A
Five Year Bar Met	
US Citizen	N/A

Additional Response Info

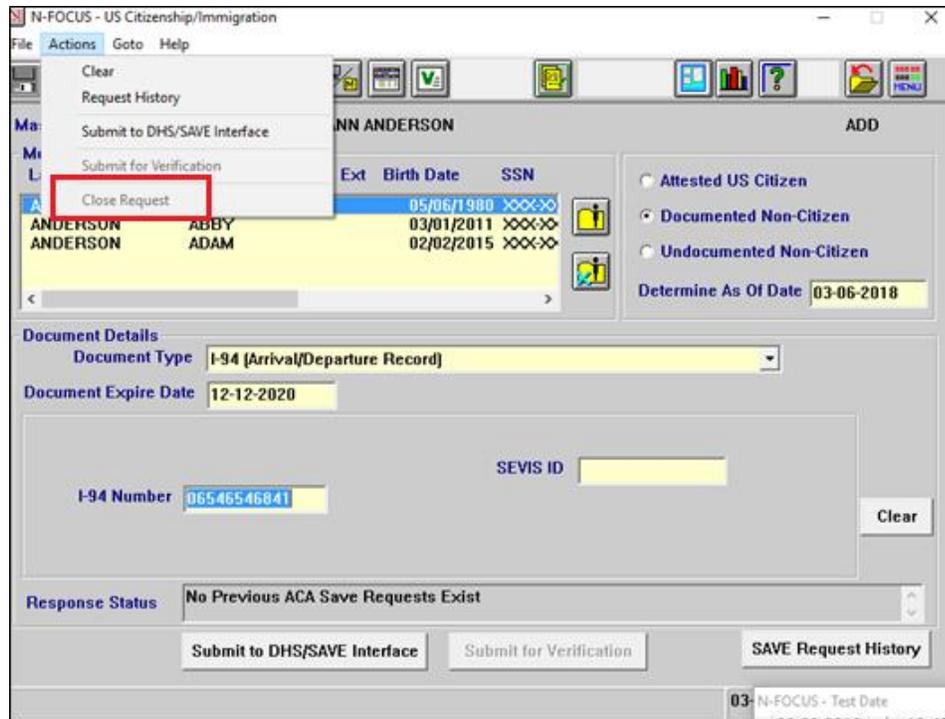
Sponsorship Data

View Step 2 and 3 Response

G-845 PDF G-845 Mailed to SAVE/DHS Date [REDACTED] Submit

03-12-2018 14:48:22

4. The Step 1 response may include a request for better information or error correction information.
  - a. Requests for additional information could be for:
    - i. Correct Numeric Identifier
    - ii. Alias information
    - iii. Unexpired Foreign Passport Employment Authorization Data (EAD) History
    - iv. Affidavit of Support
    - v. Correct Grant Date
  - b. If you can add the additional or corrected information do so and resubmit.
    - i. This request should go to Step 2 and processing time should be 3 to 5 days.
    - ii. The response should indicate the person's current status or a request to submit documents.
  - c. If you received a valid response proceed with eligibility determination. VLP should close the request.
5. If you are requested to attach a document or if you have not received a response after 5 days follow the additional steps to **close your current request**.
  - a. Go to the Actions drop down on the US Citizenship/Immigration window.
  - b. Select '**Close Request**'.



6. If you need to submit documents or if you have waited more than 5 days for a valid response you must **make a new request to the Online SAVE system**.
  - a. Scanned documents can be uploaded using this system.
7. **YOU WILL NEED A SAVE ID and PASSWORD** to access the Online SAVE system.
  - a. **Contact NFOCUS Production Support to obtain the SAVE ID and Password.**
  - b. Use the internet address jump from the Production Support email with your SAVE ID and Password to get to the SAVE page.
8. If you already have a SAVE ID and Password to find the SAVE Database:
  - a. Go to the DHHS Home Page select 'RESOURCES'.
  - b. On the Resources page select 'NFOCUS SPECIFIC' in the last column,
  - c. On the NFOCUS Specific Useful Links page select 'HOMELAND SECURITY SAVE DATABASE'.
9. **Sign in to SAVE.**
10. Select '**Initiate Case**', add client information and Submit.

U.S. Citizenship and Immigration Services

SAVE  
Welcome, Denise Manton

Initiate Case Search Cases Profile Reports Help Sign Out

**SEARCH CASES**

SUMMARY LIST

Click on a column title to sort this list.

Case Summary List					
Case Type	Response	Verification Number	ID Number	Name Provided	Initiated By
	REFUGEE - EMPLOYMENT AUTHORIZED	2017270151742TK	A # 212436899	HAYDER, ELIAS K	SBIG8672
	UNITED STATES CITIZEN	2017270144226QD	A # 093391160	MENDOZA, NICOLASA	JBUC1251
	LAWFUL PERMANENT RESIDENT-EMPLOYMENT AUTHORIZED	2017270124625DH	A # 200747787	ESPINOZA BRICENO, FABIOLA C	DMAN7663
	NON IMMIGRANT - TEMPORARY EMPLOYMENT AUTHORIZED	2017270123607UW	A # 087401010	ACOSTA FERNANDEZ, EMILIO	NFRA1185
	REFUGEE - EMPLOYMENT AUTHORIZED	2017269171748TP	A # 212495161	ABDULKARIM, ADAM A	KBUR2317
	LAWFUL PERMANENT RESIDENT-EMPLOYMENT AUTHORIZED	2017269162417LB	A # 087978746	MARTINEZ SANCHEZ, ADELAIDA	ACAR4564

11. The SAVE System searches the DHS databases for records that match the applicant's information. Within seconds, the system will provide an electronic response with the applicant's current immigration status or a message prompting the user to "Institute Additional Verification" will appear on the window.
12. If the applicant's immigration status is confirmed the verification process is complete.
13. If the status is not confirmed and the SAVE system requests additional information you will see the response below.



SEARCH CASES

SUMMARY LIST

Click on a column title to sort this list.

Case Type	Response	Verification Number	ID Number	Name Provided	Initiated By
	REFUGEE - EMPLOYMENT AUTHORIZED	2017270151742TK	A # 212436899	HAYDER, ELIAS K	SBIG8672
	UNITED STATES CITIZEN	2017270144226QD	A # 093391160	MENDOZA, NICOLASA	JBUC1251
	LAWFUL PERMANENT RESIDENT-EMPLOYMENT AUTHORIZED	2017270124625DH	A # 200747767	ESPINOZA BRICENO, FABIOLA C	DMAN7663
	NON IMMIGRANT - TEMPORARY EMPLOYMENT AUTHORIZED	2017270123607UW	A # 087401010	ACOSTA FERNANDEZ, EMILIO	NFRA1185
	REFUGEE - EMPLOYMENT AUTHORIZED	2017269171748TP	A # 212495161	ABDULKARIM, ADAM A	KBUR2317
	LAWFUL PERMANENT RESIDENT-EMPLOYMENT AUTHORIZED	2017269162417LB	A # 087978746	MARTINEZ SANCHEZ, ADELAIDA	ACAR4564
	INSTITUTE ADDITIONAL VERIFICATION	2017269142823LB	A # 208495589		ABIG1071

**ADDITIONAL VERIFICATION** Case Verification Number: 2017269142823LB | Oo Kvi

You may enter additional information about your applicant.

SAVE Tip: Save time by attaching a copy of the applicant's document now - if you do not, you may receive a request for a Third Level Verification.

**Name**  
A.K.A.

**Document Information**  
I-94 Number  ?  
Card Number  ? Passport Number  ?  
Country of Issuance  ?

Special Comments

**Additional Request(s)**  
 Request Affidavit of Support Data ?  Request Grant Date ?

**Agency Information**  
POC Name  Denise Manton \* ?  
POC Phone Number  (402)  471 - 6667 ext.  \* User Case Number  ?

**Attach Document** ?

**i** Electronically attach a copy of the applicant's document (front and back) to immediately submit a Third Level Verification and save time. If you do not electronically attach a copy, this case will go to Additional Verification and you may also need to submit the case to Third Level Verification at a later time.

14. Take the following steps for uploading documents to SAVE:
  - a. Add the requested information to the window above, or
  - b. As suggested on the window, **upload documents** to the SAVE System.
    - a. From NFOCUS Document Imaging find the desired document and use the Snipping Tool to **copy and save as a JPEG, PDF or GIF the document** to your desk top or H Drive.
      - i. FYI, for uploading to the SAVE system, the file size cannot exceed 5mb and the acceptable file types are jpg, jpeg, pdf, gif, png.
    - c. On the SAVE Additional Verification window select the **Browse** button to find your document.
    - d. Select **Attach** and
    - e. Select the **Submit** button to upload the document.
    - f. After submitting the additional information for second level verification, a status verifier searches the appropriate immigration databases for the applicant's records.
      - i. Within 3 to 5 federal working days the system should return the applicant's status.
      - ii. When the applicant's immigration status is confirmed the verification process is complete and the case is closed.
    - g. If the status is not confirmed, the system will provide additional information or guidance concerning how to proceed, e.g., "Unable to Verify, Advise Applicant to visit local USCIS office to inquire" or "Unable to Verify, Advise Applicant to visit local CBP office to inquire about incorrect data on I-94". Additionally, if the user has concerns about any information provided by SAVE on third level response, the user may contact SAVE Customer Service at 877-469-2563 or [save.help@uscis.dhs.gov](mailto:save.help@uscis.dhs.gov). This information can be found under **HELP** on the task bar in Contact Us.
15. SAVE Sign out
  - a. Use the Sign Out on the top right of the page to close out of the SAVE system. Do not just X out of the window, it will leave other windows open. (see below)

**SEARCH CASES**

SUMMARY LIST

Click on a column title to sort this list.

Case Type	Response	Verification Number	ID Number	Name Provided	Initiated By
	REFUGEE - EMPLOYMENT AUTHORIZED	2017270151742TK	A # 212436699	HAYDER, ELIAS K	SBIG9872
	UNITED STATES CITIZEN	2017270144226QD	A # 093391160	MENDOZA, NICOLASA	JBUC1251
	LAWFUL PERMANENT RESIDENT-EMPLOYMENT AUTHORIZED	2017270124625DH	A # 200747787	ESPINOZA BRICENO, FABIOLA C	DMAN7663
	NON IMMIGRANT - TEMPORARY EMPLOYMENT AUTHORIZED	2017270123607UW	A # 087401010	ACOSTA FERNANDEZ, EMILIO	NFRA1185
	REFUGEE - EMPLOYMENT AUTHORIZED	2017269171748TP	A # 212495161	ABDULKARIM, ADAM A	KBUR2317
	LAWFUL PERMANENT RESIDENT-EMPLOYMENT AUTHORIZED	2017269162417LB	A # 087978746	MARTINEZ SANCHEZ, ADELAIDA	ACAR4564
	INSTITUTE ADDITIONAL VERIFICATION	2017269142823LB	A # 208495589		ABIG1071

## Updating Pregnancy (Change)

With this release, when an Unborn child is born the worker will be able to change the baby's last name if the child is not given the same last name as the mother.

## ACCESSNebraska Electronic Application

### Change Report (Change)

The following have been added to the ACCESSNebraska Change Report with this release:

- Text has been added to the Comments box with a countdown “1000 Characters Remaining”
- An error message has been added if the user times out on the session.
  - “Session Timeout”. You must close this window and reopen the application.

## Document Imaging

### Barcoding Documents (Change)

### EA Review/Recertification Application (Change)

Full page Bar Code sheets mailed with certain documents are changing to smaller bar codes found on the bottom of each sent document. The Economic Assistance Review/Recertification Application (EA-RA Form) is the first document to change to the placement of the barcode. Others are anticipated to follow with future NFOCUS releases.

There will no longer be a separate sheet of the barcode for any EA-RA with a creation date after May 1, 2018. The barcode will now appear at the bottom right corner, of the front-and-back side of each sheet (not including the client rights and responsibilities pages). The Economic Assistance Review/Recertification Application is the only correspondence piece to have the new barcode with this release. The barcode will only occur on recertification created in batch runs.

**Note:** With the April release, EA-RA forms created and printed starting in May, 2018 will have the new bar code. This applies to the new stored copies. The old stored copies, created prior to May, 2018, will continue to have the old bar code sheet.

Examples are shown on the following pages.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PO BOX 2992  
OMAHA NE 68103-2992

GERRI DUCKY SMITH  
123 SOUTHERN ST  
GERING NE 69341

### Economic Assistance Review/ Recertification Application

Master Case Number - 000000023  
Program Case Name - GERRI DUCKY SMITH  
CONTACT - Economic Assistance  
Toll Free Number - (800)383-4278  
Fax Number - (402)595-1901  
Date of Notice - AUGUST 01, 2018  
Mail Date - 08-01-2018

### ECONOMIC ASSISTANCE REVIEW/RECERTIFICATION DUE

Eligibility for the following programs will end on AUGUST 31, 2018. A recertification/review is due before this date.  
**Child Care**

This will be the only REVIEW/RECERTIFICATION Notification that will be sent for the program(s) noted above. In order for your benefits to continue without interruption you must submit an application by the 15th of AUGUST. If your application is not received by this date your benefits may be interrupted or terminated. If your current benefits are terminated, you may apply at a later date and, if eligible, benefits may be prorated from the date of application.

#### Step 1: Application Submission

To insure timely processing of application please submit an application as soon as possible.

- Applications can be submitted online at [www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov) using our **pre-filled online application**. You can also complete and send the attached application (see additional pages) and mail to the address above, deliver the application to a local DHHS Office, fax to (402)742-2351, or email to [DHHS.ANDICenterOmaha@Nebraska.gov](mailto:DHHS.ANDICenterOmaha@Nebraska.gov). If the only household income is Social Security Income (SSI), you may apply for SNAP benefits through the Social Security Administration office.
- **Providing as much information as possible on the application will assist us in completing your eligibility timely.** Your application must contain at a minimum your name and address, and must be signed by you or your representative.
- For SNAP, if you are age 60 or older or you are determined disabled, you may qualify for a deduction from your household income for allowable non-reimbursable medical expenses. If you have questions about allowable expenses, contact us at the number on the top of this form. Include all of your medical expenses you pay out of your pocket on your SNAP application form. Be sure to include verification of your expenses.

#### Step 2: Interview may be required

- If you are required to complete an interview, an interview letter will be sent to you, or you will be contacted by phone. You are responsible for completing the interview if you are contacted by us. Failure to complete a scheduled interview may result in delay or denial of benefits.
- For SNAP, if all adult household members are over the age of 60, or determined disabled, and no one has earned income, your SNAP interview may be waived if you meet all other requirements and have provided required verification. We will conduct an interview with your household if you request one, or if there is earned income, if it appears your household may be denied, or if we need to address issues or questions about your application.

#### Step 3: Submit Proof to support your answers on the application

- Verification documents, such as proof of income, resources (assets), and expenses, may be required. Notification of requested documents will be given to you in writing.
- Submit documents online at [www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov), fax or mail to the address above, or deliver to a DHHS local office. You can also email this information to [DHHS.ANDICenterOmaha@Nebraska.gov](mailto:DHHS.ANDICenterOmaha@Nebraska.gov).



**Online application steps to utilize information already on file at DHHS.**

1. Log on to web site **www.ACCESSNebraska.ne.gov**.
2. Select **Apply**.
3. If you have an ACCESSNebraska account established for Benefit Inquiry, the same account can be used for the Application. Select **Login with my existing account**, enter the **User ID** and **Password**, and **Login**. Go to Step 11.
4. If you do not have an account already, select **Create a new account**.
5. On the New Account Registration page, enter **first name; last name; User ID**: This is an ID you will use every time you log into this site. Do not use your SSN or PIN number. Email addresses may be a good choice. Example: youremailaddress. (JDoe123).  
**Password**: This is a word with numbers that you will use every time you log on to this site. Passwords must be changed every 180 days. There are some password rules that apply. To view, click on **Password Rules**. Example of a password: Raspberry#1. **Reenter password**.
6. **Login as a Returning User**. Enter your **User ID** and **Password**.
7. **Answer Three (3) Security Questions**. Remember your answers because a question may appear in future logons.
8. Select **Continue**.
9. In order to Validate the account, you will need a PIN number. If you have your PIN number, select **yes**. Enter **PIN number, date of birth and last 4 numbers of the Social Security Number**.
10. Select **Continue**.
11. **Your login was successful message** will appear. Select **Continue** to start the application.  
**Personal Identification Number (PIN) Information for ACCESSNebraska.**
  - Do not share this PIN with anyone unless you want them to have access to your application and/or benefit information.  
This PIN is your personal information and will allow you to access case information for yourself, or any other person for whom you are a Case Representative or Payee.
  - If you lose your PIN number, contact DHHS at a number listed below.

For free legal services, contact Nebraska Legal Services. In Douglas, Sarpy and Dodge counties, call 402-348-1060. All other counties, call 1-877-250-2016. If you are 60 years of age or older, call (in Omaha) 402-827-5656 or (statewide) 1-800-527-7249.

Economic Assistance  
Toll Free: (800)383-4278  
Lincoln: (402)323-3900  
Omaha: (402)595-1258

Go online:  
[ACCESSNebraska.ne.gov](http://ACCESSNebraska.ne.gov)



**Economic Assistance Review/  
 Recertification Application**

Master Case Number - 00000023

**If you fail to complete and return this application or complete an online application your benefits will end.**  
 Eligibility for the following programs will end on AUGUST 31, 2018. A recertification/ review is due before this date.

**Child Care**

**Please answer all questions that are blank.**

**SECTION 1 - Applicant/Head of Household**

Client Name: GERRI DUCKY SMITH		Social Security Number: XXX-XX-0142	
Address: 123 SOUTHERN ST		Home Phone: (402)569-7811	
City, State, Zip: GERING NE 69341		Cell Phone: (402)422-1299	
<input type="checkbox"/> By checking 'this box', I agree to receive text messages on the above cell phone number from DHHS regarding my benefits. These benefits include: Medicaid, CHIP, SNAP, ADC, LIHEAP, CC Subsidy, AABD payment and SSAD. I agree to contact DHHS if my cell phone number changes or if this number is no longer in my possession. I understand that I can opt out of this in the future by contacting DHHS. <i>NOTE: Text messaging is currently under development and is targeted to be available in the near future.</i>			
Email Address:			
<input type="checkbox"/> By checking 'this box', I elect to receive notification of my written notices and other correspondence regarding my benefits from DHHS through the above email address. These benefits include: Medicaid, CHIP, SNAP, ADC, LIHEAP, CC Subsidy, AABD payment and SSAD. I will no longer receive information through the mail. I understand I will receive an email notification of the correspondence, which will provide a link to the DHHS ACCESSNebraska website where I can access the correspondence. I understand that I must create an authenticated account on the ACCESSNebraska website in order to view my correspondence in Benefit Inquiry.			
<b>I state under penalty of perjury that I have completed the application to the best of my knowledge and my answers are true and correct, including information regarding citizenship and alien status of all household members. I authorize the release of information to DHHS. The requested information will be used solely in the administration of economic assistance programs and will not be released to any other person or agency outside of DHHS except I understand DHHS may release information to another agency when services of that agency have been requested or when the objective in obtaining the information is to provide services to me or to my household. I have read, understand, and agree to "What I Should Know".</b>			
Your Signature	Date	Spouse's/Co-Applicant Signature, if Applying	Date
Authorized Representative, Conservator, Guardian Printed Name	Authorized Representative, Conservator, Guardian Signature		Date
Person who Helped Complete Application if not listed above			Date

**SECTION 2 - Household Information - please include any unborn children.**

Family Member Name	Relation to you	Does this person want benefits? yes/no	US Citizen yes/no	If not a citizen, is this person a qualified alien? * yes/no	Marital Status	Buys and Eats Food w/You Yes/no	Date of Birth	Social Security Number
GERRI DUCKY SMITH	SELF						05-10-1975	XXX-XX-0142
JANIE DUCKY SMITH	Child (Bio)						06-15-2010	XXX-XX-0444
JUSTICE PLAIN DUCKY	Child (Bio)						06-20-2014	XXX-XX-9874

**\*Qualified alien under the federal Immigration and Nationality Act. If the non-citizen has a sponsor their sponsor information is required.**

**SECTION 3 - Household Situation**

When there has been a break in benefits, households eligible for expedited service may receive SNAP benefits within 7 days from the application received date. Those not eligible for expedited may receive their benefits within 30 days from the application received date.



1. Has anyone in the home received food or cash assistance from another state or source in the last 30 days? [ ] No [ ] Yes	5. Is anyone in your household a migrant or seasonal farm worker whose cash and savings are \$100 or less AND whose income has recently stopped? [ ] No [ ] Yes
2. Is your household gross income for this month less than \$150 before deductions? [ ] No [ ] Yes	6. Has anyone in the household been determined disabled by the Social Security Administration? [ ] No [ ] Yes
3. Are your total household cash/savings for this month less than \$100? [ ] No [ ] Yes	7. Is anyone in the home on strike? [ ] No [ ] Yes
4. Is your household monthly gross income plus your resources less than your monthly rent or mortgage and utilities? [ ] No [ ] Yes	

**Please mark your living arrangement:**

[ ] rent/own a house [ ] rent apartment, duplex, triplex [ ] assisted living/nursing home [ ] room and board [ ] battered spouse shelter  
 [ ] drug abuse/alcohol treatment center [ ] adult family home, group home, center for developmental disabled

**SECTION 4 - Earned Income**

If you, or anyone in your home, have no Earned Income please check here - [ ]

FAMILY MEMBER NAME	EMPLOYER	MONTHLY GROSS	HOURS PER WEEK	HOW OFTEN PAID
GERRI DUCKY SMITH	cc fail?			Monthly

- Please provide proof of wages through 30 days of paystubs or letter from your employer showing the information noted above.
- If you are self-employed (have a home based business - selling items online, providing childcare, donating plasma, or selling goods), please provide ledgers or your most recent income tax statement for your business.

Has anyone in your home quit or ended a job in the past 30 days? [ ] No [ ] Yes Please list who, what job ended, why the job ended, and date and amount of last paycheck.

FAMILY MEMBER NAME	EMPLOYER	DATE OF LAST CHECK	GROSS AMOUNT OF LAST CHECK
REASON JOB ENDED:			

**SECTION 5 - Unearned Income**

If you, or anyone in your home, have no Unearned Income please check here - [ ]

FAMILY MEMBER NAME	SOURCE OF INCOME (Child Support, Social Security, Unemployment, Workers Comp, etc.) Please include any lump sum payments or income from selling anything of value since your last application.	AMOUNT OF INCOME	HOW OFTEN
GERRI DUCKY SMITH	Contribution-Money		Monthly

**SECTION 6 - Expenses**

Failure to note an expense below will be seen as a statement by your household that you do not want us to count this expense, or that this expense has not changed since your last application. Failure to note any expense may result in you getting a lower amount of SNAP benefits.

TYPE OF EXPENSE (Rent/Mortgage, Utilities, Child Care, Child Support, Medical, etc.)	WHO IS RESPONSIBLE FOR THIS EXPENSE	AMOUNT BILLED	HOW OFTEN BILLED

Have you received help paying for the expenses above in the past 12 months? [ ] No [ ] Yes - If yes, complete below.

WHICH EXPENSE(S)	WHO PAID	AMOUNT PAID	Paid to you or directly to provider (landlord, energy provider)

**SECTION 7 - Resources**

If you have no Resources, please check here - [ ]

Resources include bank accounts, vehicles, land, property, homes, rental property, or timeshare in Nebraska or any other state. All resources must be noted below.

TYPE OF RESOURCE (Cash, Bank	WHO HAS IT	WHAT DO THEY HAVE	AMOUNT/VALUE



Account, Vehicles, Retirement Account, etc.)			

Please provide proof of resources through recent bank statements, printouts from bank, or statements showing current value of stocks, bonds, life insurance, burial policies, etc.

**SECTION 8 - Student Status**

List anyone in the home attending High School, Vocational, Trade School or College

NAME	SCHOOL ATTENDING	LAST GRADE COMPLETED	GRADUATION DATE	FULL TIME
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes

**SECTION 9 - Disqualifications**

Has anyone in the Home been:

<p>1. Hiding or running from the law to avoid prosecution, being taken into custody, or going to jail, for a felony crime or attempted felony crime, or violating a condition of parole or probation?  <input type="checkbox"/> No <input type="checkbox"/> Yes, who?</p> <p>2. Charged and convicted of a felony (after 8/22/1996) for possession, sale, use, or distribution of a controlled substance? A "controlled substance" is an illegal drug or certain drugs that require a doctor's prescription.  <input type="checkbox"/> No <input type="checkbox"/> Yes, who?</p> <p>3. Found to have misrepresented identity or residence, or attempted to misrepresent identity or residence in order to obtain multiple benefits at the same time after 9/22/1996?  <input type="checkbox"/> No <input type="checkbox"/> Yes, who?</p> <p>4. Found to have misrepresented identity or residence, or attempted to misrepresent identity or residence in order to obtain multiple ADC benefits at the same time after 8/22/1996?  <input type="checkbox"/> No <input type="checkbox"/> Yes, who?</p>	<p>5. Convicted of fraudulently receiving, or attempting to fraudulently receive duplicate SNAP benefits in any state after September 22, 1996?  <input type="checkbox"/> No <input type="checkbox"/> Yes, who?</p> <p>6. Found guilty of buying or selling or attempting to buy or sell SNAP benefits of \$500 or more after 9/22/1996?  <input type="checkbox"/> No <input type="checkbox"/> Yes, who?</p> <p>7. Convicted of using and/or receiving, or attempting to use and/or receive SNAP benefits in exchange for firearms, ammunition, or explosives after 9/22/1996?  <input type="checkbox"/> No <input type="checkbox"/> Yes, who?</p> <p>8. Convicted of a misdemeanor or felony for trading or attempting to trade SNAP benefits for drugs after 9/22/1996?  <input type="checkbox"/> No <input type="checkbox"/> Yes, who?</p> <p>9. Disqualified in one of the following programs: ADC/SNAP/CC (Example of disqualified: intentionally provide false information, etc.)?  <input type="checkbox"/> No <input type="checkbox"/> Yes, who and when?</p>
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**SECTION 10 - Absent Parent Information - Is anyone in the home pregnant, or have any children joined your household since your previous application? (This question is not required for SNAP)**

WHO IS PREGNANT?	DUE DATE	NAME AND ADDRESS OF FATHER
WHO ENTERED THE HOUSEHOLD?	DATE ENTERED	NAME AND ADDRESS OF ABSENT PARENT

**SECTION 11 - Benefit Cards**

Do you have a Nebraska Electronic Benefits Transfer (EBT) card for SNAP Benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you ever had one? If question is not answered DHHS will take as declaration that you have a card. <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you want to choose a person to use your SNAP benefits with your EBT card?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please add their name/address and phone number
Do you have a Nebraska US Bank ReliaCard for LIHEAP, ADC, AABD or RRP grant? <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you ever had one? If question is not answered DHHS will take as declaration that you have a card. <input type="checkbox"/> No <input type="checkbox"/> Yes, who?

**SECTION 12 - Additional Questions**

Do you need an interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes, what language?
Do you want to choose a person to apply for SNAP on your behalf? <input type="checkbox"/> No <input type="checkbox"/> Yes, please add their name/address and phone number
<p><b>Voter Registration:</b>  Any citizen in the State of Nebraska who has met the voter registration requirements and applies for economic assistance benefits must be provided the opportunity to register to vote. If you would like help in filling out a voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application in private. If you are not registered to vote where you now live, would you like to register to vote today? If you do not check either answer, you will be considered to have decided not to register to vote at this time, or are already registered. <input type="checkbox"/> No <input type="checkbox"/> Yes</p>





**WHAT SHOULD I KNOW - NEW VERSION**  
**PLEASE KEEP THIS FOR YOUR INFORMATION**

By completing and signing the Nebraska Economic Assistance Review/Recertification Application (EA-RA), and other documents required to determine whether I am eligible for economic assistance benefits, AND by accepting benefits that I am eligible to receive, I understand the following information and agree to the following requirements.

I must tell the truth; it is a crime to lie on this application.  
I may have to give papers that show what I have told you is true.  
I may have to tell you of any changes to the information I gave you on my application.  
If I think DHHS made a mistake, I can ask for an appeal or fair hearing.

DHHS will not discriminate.  
DHHS will confirm citizenship and immigration status for everyone applying for benefits.  
DHHS will take back any benefits you should not have received.  
DHHS will tell you when your benefits will decrease or be terminated.

**YOU HAVE THE RIGHT TO**

- Apply, and discuss any action taken on your application or case with a worker or a supervisor.
- Be assisted in the application process by the person of your choice.
- Referral to other private or public agencies.
- See a copy of the program regulations.
- Have an interview in your home, at a mutually agreed upon location, or by telephone.
- Reasonably prompt action on your application for benefits.
- Adequate notice of any action affecting your application or case.
- Have program requirements and benefits fully explained.
- Have your application for SNAP processed in accordance with SNAP procedures. This includes timeliness, notice and SNAP requirements regardless of whether your application is for SNAP and other programs. Your household may not be denied SNAP benefits solely because it has been denied benefits from other programs.

**YOU HAVE THE RESPONSIBILITY TO**

- Provide complete and accurate information. You may be subject to criminal penalties under applicable state or federal laws if you do not provide complete and accurate information. You are primarily responsible for providing proof of your household situation, but a worker will assist you in obtaining verification if you cooperate with the application process.
- Apply for and accept any potential benefits or income you may be eligible for, if requested to do so by a worker.
- Pay a fee to your child care provider, if required to do so based on your income.
- Cooperate with state and federal personnel in a Quality Control review.
- Cooperate with Nebraska Child Support Enforcement.

**Reporting changes for the Supplemental Nutrition Assistance Program (SNAP) benefits**

There are two reporting categories in SNAP: Simplified Reporting (SR), and Transitional Benefits Reporting (TBR). The reporting category to which you will be assigned is determined by your household situation. You will be informed of the reporting category, certification period, and reporting requirements on your Notice of Eligibility. You will receive the Notice of Eligibility by mail. If your SNAP benefit reporting category changes during the certification period, you will receive another notice with the new reporting requirements for the new category.

**Restrictions on the use of Electronic Benefits**

NOTICE: If you receive your TANF (Temporary Assistance for Needy Families - ADC), AABD, SDP, RRP, or LIHEAP benefits via an electronic benefit transfer/debit card (ReliaCard), please know that it is a violation of Federal law, and/or State Regulation, to access these funds from an ATM located at, or via a point-of-sale purchase at the following types of businesses:

1. Liquor stores;
2. Casino, Gambling Casino or Gaming Establishment; or
3. Any retail establishment which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment.

**Designation of Head of Household and Work Registration**

If your household has more than one parent, you must tell ACCESSNebraska which parent should be designated as "Head of Household". In households without children, the "Head of Household" must be the person who has the greatest amount of earned income in the previous two months. The signature of the "Head of Household", other adult in the household, or an authorized representative on this application, constitutes registering for work of all non-exempt household members.

**Supplemental Nutrition Assistance Program (SNAP) Penalty Warning**

The information provided on this application is subject to verification by federal, state, and local officials. If any is found inaccurate, participation in SNAP may be reduced, terminated or denied. Individuals who have knowingly provided false information may be subject to criminal prosecution. Any member of a household who breaks any of these rules on purpose may be barred from SNAP for 12 months for the first violation, 24 months for the second violation, and permanently for the third violation. Additionally, individuals may be fined up to \$250,000, imprisoned for up to 20 years, and subject to prosecution under other applicable federal laws. A court can also bar an individual from the program for an additional 18 months. Individuals charged with trafficking benefits for an aggregate amount of \$500 or more will be permanently ineligible to participate in SNAP upon the first occasion of such violation. Individuals found guilty of using, and/or receiving, and/or attempting to use, and/or receive SNAP benefits in exchange for firearms, ammunition or explosives, will be permanently ineligible for SNAP upon the first occasion of such violation. Individuals found guilty in federal, state, or local court of offenses listed in section 9 of this application, will be disqualified from participating in the Supplemental Nutrition Assistance Program (SNAP). An individual convicted under Federal or State law of any felony offense, hiding or running from the law to avoid prosecution, being taken into custody, or going to jail, for a felony crime or attempted felony crime, or violating a condition of parole or probation, is subject to the penalties described above.

**DO NOT:**

- Give false, incorrect, or incomplete information to attempt to obtain, or continue to obtain SNAP benefits.
- Trade or sell, or attempt to trade or sell SNAP benefits or Electronic Benefits Transfer (EBT) cards.
- Use other people's SNAP benefits or EBT cards unless designated.
- Use SNAP benefits to buy nonfood items, such as alcohol, or cigarettes, or to pay on credit accounts.
- Use SNAP benefits to buy illegal drugs, firearms, ammunition, or explosives.

An individual charged and convicted of a felony for possession, sale, use, or distribution of a controlled substance will be permanently disqualified if that individual has 3 or more convictions involving possession or use of a controlled substance, the individual has any convictions involving sale or distribution of a controlled substance (including intent to sell or distribute), or the individual has fewer than 3 convictions for the possession or use of a controlled substance but does not participate in, or has not completed an approved substance abuse treatment program since the date of the last conviction. A "controlled substance" is an illegal drug or certain drugs that require a doctor's prescription.

Individuals convicted of a misdemeanor or felony for trading or attempting to trade SNAP benefits for drugs will be ineligible for SNAP for 24 months for the first violation, and permanently ineligible for the second violation.

#### **FAIR HEARINGS**

If you disagree with any action taken by the Nebraska Department of Health and Human Services (DHHS) which affects your benefits, you may request a fair hearing in writing. Fair hearing for SNAP can be requested verbally by contacting DHHS. You may continue to receive your current level of assistance until a hearing decision is made IF (1) you request a hearing within ten days from the date of the agency notice, and (2) for SNAP benefits only, your certification period has not expired. A fair hearing request must be made within 90 days of the action or inaction. You or your representative have the right to examine your case record. At the hearing you may represent yourself, or be represented by another person. If you fail to appear for your scheduled hearing without good cause, your case will be dismissed.

#### **CIVIL RIGHTS**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1)mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410;

(2)fax: (202) 690-7442; or

(3)email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

Individuals who are deaf, hard of hearing, or have speech disabilities, may contact USDA through the Federal Relay Service at (800) 877-8339, or (800) 845-6136 (Spanish). For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, or call the State Information/Hotline Numbers found at [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).

#### **SOCIAL SECURITY NUMBER**

The DHHS asks for Social Security Numbers (SSNs) of all individuals for whom assistance/benefits is requested. Individuals who are not applying for assistance for themselves are not required to have or provide a SSN. If the individual is financially responsible for others in the assistance unit, the SSN will be used only to verify income and/or resources through computer matches as listed below or other contacts so that eligibility can be determined for those requesting assistance. If the SSN is not provided, the assistance unit must assume responsibility for providing the information needed to determine eligibility for the individuals requesting assistance. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible participants. For SNAP benefits, SSNs may be disclosed to other federal and state agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law. If a household has a SNAP benefit overpayment, the information on this application, including the SSNs, may be referred to federal and state agencies as well as private collection agencies for overpayment collection action. Only those people who provide information regarding their immigration status and SSNs can receive SNAP benefits. If some family or household members do not wish to apply for SNAP benefits, they do not need to provide this information. If people in your household choose not to give us information about their immigration status or SSN, they must still provide us the information needed to determine the eligibility of the other persons in your household. You may withdraw your request for benefits for these persons or you may withdraw your entire application.

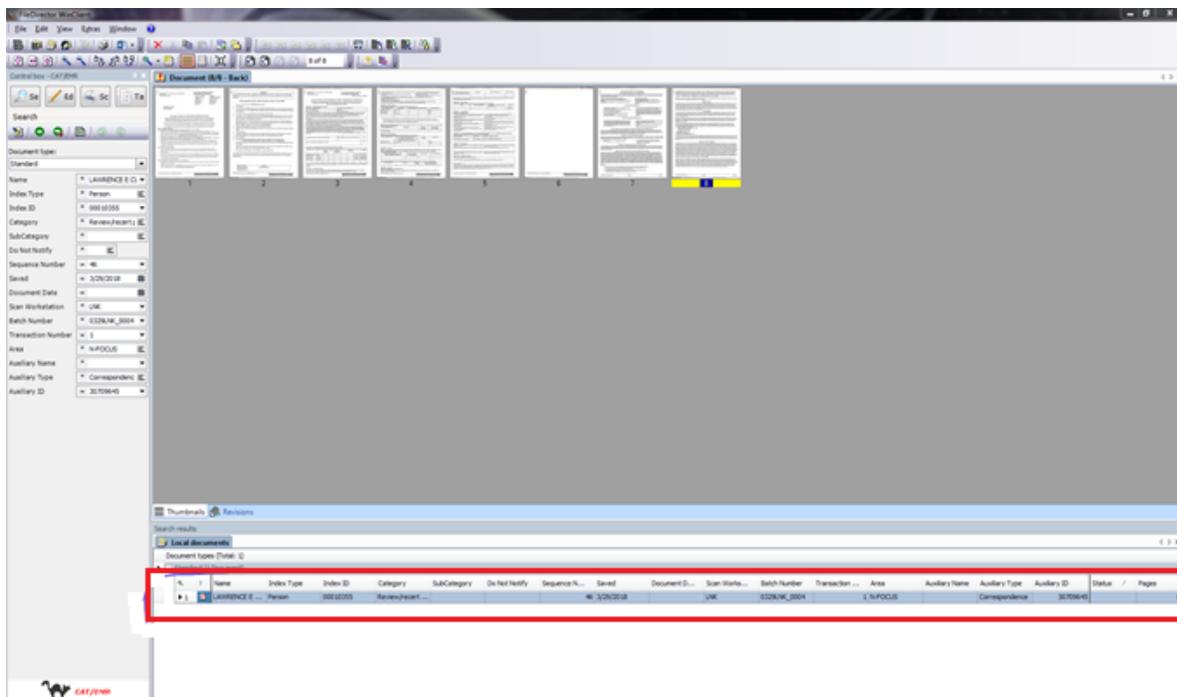
The SSN of each person in the assistance unit who is applying for assistance and provides his/her SSN will be computer matched with the following agencies to assist in the determination of eligibility: Income and Eligibility Verification System, Nebraska Department of Health and Human Services, Nebraska Department of Labor, Social Security Administration, Clerk of the District Court, Child Support Payment Center, Internal Revenue Service, and Veterans' Administration. The information received from these agencies is used and verified when discrepancies are found by DHHS. This information may affect the household's eligibility and level of benefits. SSNs are also used in computer matching and program reviews or audits to make sure each household gets the correct amount of benefits. This may result in criminal or civil action or administrative claims against persons fraudulently participating. This information will also be used to monitor compliance with program requirements and for program management.

## Use of the IBML Large Scanner

When using the IBML Scanner, the new and old barcode style on the EA-RA Form will continue to be read by the machine. If the EA-RA form has been returned to the agency as “return to sender mail” regardless of barcode style, Document Imaging staff will still need to open all returned mail and prepare it as usual as a “returned mail” batch job. However, the process flow of the IBML image server will automatically index all EA-RA Forms to the client case as return mail. This means Document Imaging staff will no longer see the EA-RA pulled in to the Win Client worker queue. But, Document Imaging staff still have the ability to search for and edit the EA-RA forms if needed.

If the completed EA-RA form has been successfully received by the agency on behalf of the client, Document Imaging staff will still open and prepare it as usual as an “application” batch job along with any supporting documentation that was included, such as paystubs or bank statements, and continue to manually index and check-in to the client case using WinClient.

The IBML scanner will read the EA-RA new barcode style as one transaction with one document line (additional document lines will be present if supporting documentation has been included). In the Win Client screenshots below, the sample EA-RA is four double sided sheets (8 pages). It created 1 document line when scanned on the IBML.



However, if additional documents are submitted with the EA-RA Form, such as paystubs or bank statements, then those items will create additional document lines and will need to be categorized, edited, and checked-in manually by document imaging staff.

Once indexed, the EA-RA form with the new barcode will: automatically update the review/recertification tracking date, automatically tie the application to the master case, and automatically place SNAP program into pending status if it has not been closed for over 30 days.

## Additional Scanning Update for IBML Return Mail Process

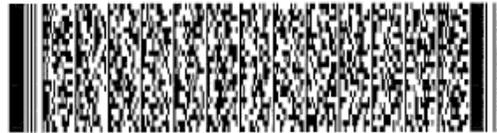
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An additional update has been made to the return mail process when scanning on the IBML. For any piece of agency correspondence with the old barcode style (barcodes prior to April 15<sup>th</sup> release as seen below) that is prepped and scanned as return to sender mail batch- will also automatically index to the client case as return mail.

Examples are shown on the following pages.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**N-FOCUS Bar Code Sheet**



**Return this sheet with requested information  
Devuelva esta hoja con la información solicitada**

**Name: JESSICA SELIA COE**

**Index Type: Person**

**Index ID: 00010207**

**Category: Review/recert pre-populated application - EA**

**Do Not Notify:**

**Auxiliary Name:**

**Auxiliary Type: Correspondence**

**Auxiliary ID: 73417450**

**Area: N-FOCUS**

**Index 2 Type: Corr ID**

**Index 2 ID: 73417450**

**Index 3 Type: Create Date**

**Index 3 ID: 04-04-2018**

NFOBC417-0001

IDXV-0001

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**N-FOCUS Bar Code Sheet**



**Return this sheet with requested information  
Devuelva esta hoja con la información solicitada**

**Name: JESSICA SELIA COE**

**Index Type: Person**

**Index ID: 00010207**

**Category: Review/recert pre-populated application - EA**

**Do Not Notify:**

**Auxiliary Name:**

**Auxiliary Type: Correspondence**

**Auxiliary ID: 73417450**

**Area: N-FOCUS**

**Index 2 Type: Corr ID**

**Index 2 ID: 73417450**

**Index 3 Type: Create Date**

**Index 3 ID: 04-04-2018**

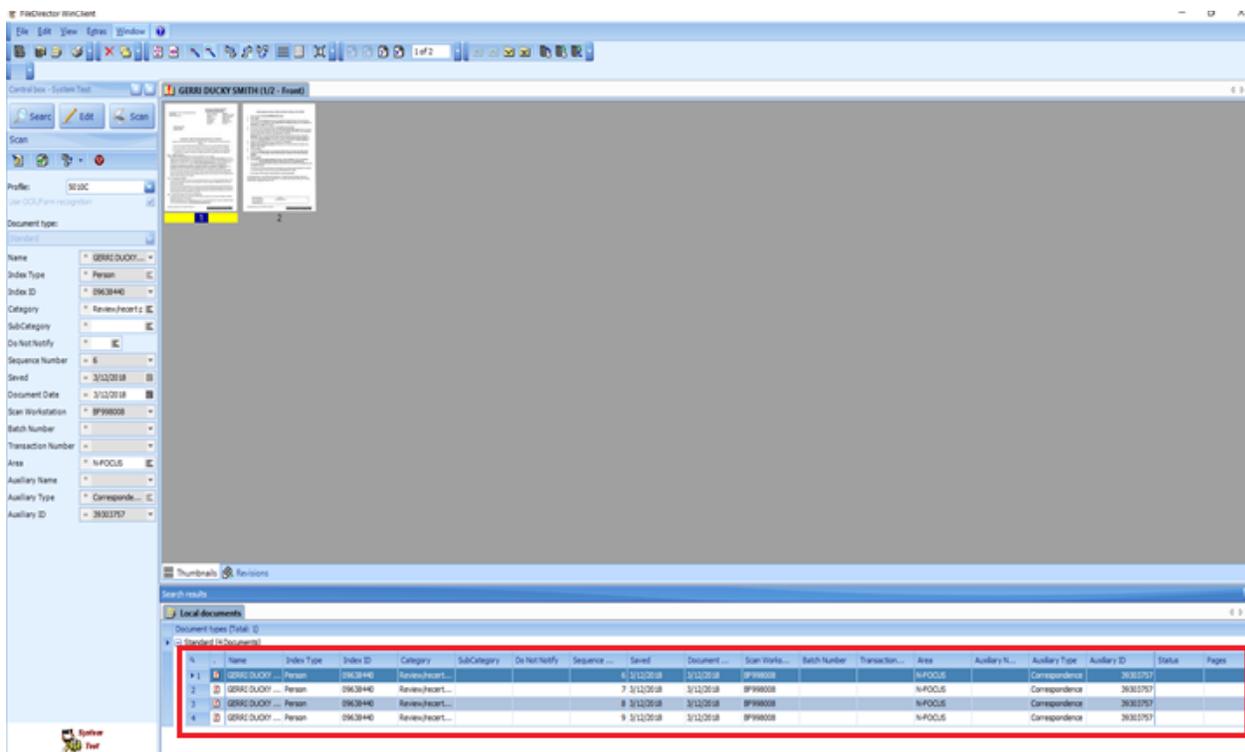
NFOBC417-0001

IDXV-0001

## Win Client Desktop Scanning Process (Change)

When scanning the Economic Assistance Review/Recertification Application (EA-RA) with the new barcode on a desktop scanner using Win Client, the barcode will be read as one transaction with one document line per sheet (additional document lines will be present if supporting documentation has been included). In the Win Client screenshots below, the sample EA-RA is four double sided sheets (8 pages). It created four document lines when scanned. The EA-RA could contain more pages depending on the size of the household and therefore, could create more document lines in Win Client than shown in the screenshot below.

Document imaging staff will still need to manually merge all four document lines into one document line to have the EA-RA form appear in the NFOCUS list image window as one entry with all pages together. Also, if additional documents are submitted with the EA-RA Form, such as paystubs or bank statements, then those items will still need to be split, categorized, edited, and checked-in manually by document imaging staff



## Expert System

### DDAC Waiver Program Closure (Change)

The DDAC Waiver program has been decommissioned and is no longer available to be added or re-opened in NFOCUS.

### Medical Impairment Type ADC Incapacity (Change)

Medical Impairment Type ADC Incapacity is invalid and will no longer appear in the Expert System Med Impairment window.